

Case Number:	CM13-0063129		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2012
Decision Date:	05/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 32 year old female who sustained a work related injury on 3/29/2012. Diagnoses include sprain/strain of cervical spine, right shoulder, elbow, and right wrist, fracture of the right radius and ulna, status post open reduction and internal fixation, right hand and wrist tendonitis. According to a report dated 4/4/2013, the claimant has completed 5 visits of acupuncture and is able to relax more at night and the pain in her right elbow has been reduced by 50%. After 18 visits, there is another report submitted by her acupuncturist. According to acupuncture report dated 8/8/13, she has able to participate in daily activities 10 min longer before pain elevates. She has less numbness in the fingers and improved range of motion. Her improvements are as listed disability index (11iç 10), upper extremity functional score (28/80iç 25/80), neck lateral bending (30iç 35 degrees), neck right lateral bend (35iç 40 degrees), neck left rotation (50iç 65 degrees), neck right rotation (45-65 degrees), Shoulder extension (30-45 degrees), flexion (100-125 degrees), and right hand dynamometer reading (20.2iç 21.2). Other prior treatment includes physical therapy, closed reduction of right forearm bone fracture, TENS, and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS; CERVICAL, RIGHT SHOULDER AND RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2008, Shoulder Complaints, pages 555-556.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had 18 acupuncture visits. Although she has made some progress in the 18 treatments, the gains are not clinically significant enough to substantiate 12 additional visits. The documentation also does not identify any reduction of medication, of reduction of work restrictions, or of adjunctive rehabilitation. A request for a fewer number of visits may be medically necessary to see if the claimant can make significant functional gains to substantiate further visits. Therefore a request for 12 visits is excessive and not medically necessary.